

DELIVERED TO: Transportation Cabinet

DIVISION OR DISTRICT: \_\_\_\_\_

ADDRESS TO  
WHICH DELIVERED:

Copy from purchase order or Contract

NAME AND ADDRESS OF VENDOR

Copy from Purchase Order or Contract.

## Terms

Send this invoice in duplicate directly to the billing address shown on the contract. Retain one copy for your files.

## INSTRUCTIONS TO VENDOR

Total Amount	
Discount	
Net Amount	

## VENDOR'S CERTIFICATION

2. Use a separate invoice for each order or contract. Partial payments will not be made unless separate shipments and/or payments are authorized in the contract.

FIRM

SIGNED BY \_\_\_\_\_

NAME AND TITLE

Type or Print